

215024414
49699

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-055048	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/20/2015		TIME OF ACCIDENT 2331	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2332	06/21/2015	
B	75	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. O St/9th-10th			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		X FEET <input type="checkbox"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
		77.00		X 9th St		
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	1	VEHICLE NO. 1				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	DRIVER	PHONE		LOCAL NO.	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
G	4	OWNER	PHONE		LOCAL NO.	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H	5	LICENSE PLATE NO.	YEAR (Plate Expires)		STATE (Of Plate)	
V1/O	1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/O	1	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/P	8	DRIVER	PHONE		LOCAL NO.	
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J	01	OWNER	PHONE		LOCAL NO.	
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
V1/Q	4	LICENSE PLATE NO.	YEAR (Plate Expires)		STATE (Of Plate)	
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
K	01	VEHICLE ID NO. (VIN)	TOWED TO		TOWED BY	
		KNADH4A34A6632120		Califorina Casualty General		3307141
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-055048



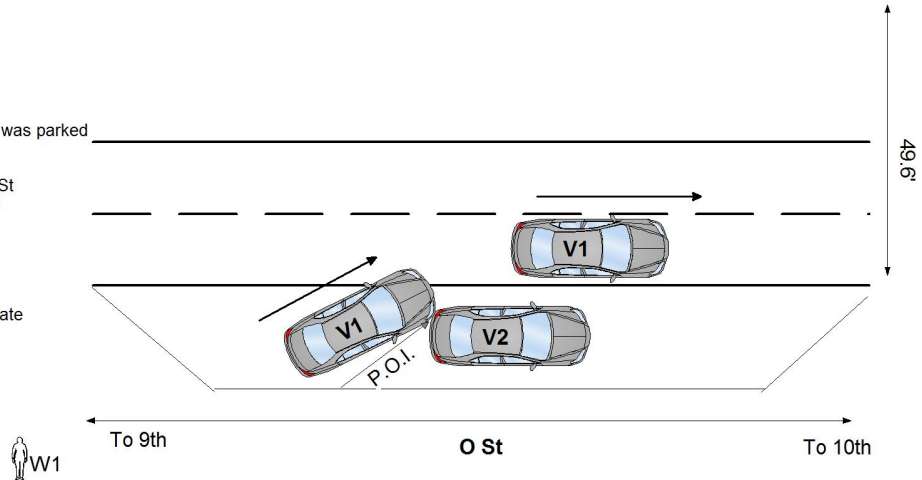
POI determined by location of where V2 was parked

POI:
5'11" north of south curb of O St
77" east of east curb of 9th st

AGL: 11"-1'11"

No skid marks

All measurements are approximate



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

W1 stated she was standing on the sidewalk outside the bar Knickerbockers when she observed a dark blue sedan leave a parking spot collide with V2 and continue driving east bound on O St. W1 stated V1 was parked directly behind V2 prior to the collision.

The owner of V2 stated she left her vehicle legally parked and unattended at the time of the collision.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Chelsea Forehead	ADDRESS 3510 S 122nd, Omaha, NE 68144	PHONE 402-210-8162		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS										
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																		
1			X		O St	POINT OF IMPACT	02	POINT OF IMPACT	06																	
2			X		O St	MOST DAMAGED AREA	02	MOST DAMAGED AREA	06																	
1	08	06 Turning left				00 None		02	03		1 Deployed - front				1 None used - vehicle occupant				Driver No. 1				Driver No. 2			
2	10	07 Making U-turn				09 Top & windows					2 Deployed - side				2 Lap & shoulder belt used				Y				Y			
		08 Entering traffic lane				10 Undercarriage					3 Deployed - both front/side				3 Shoulder belt only used				N				N			
		09 Leaving traffic lane				11 Total (all areas)					4 Not deployed				4 Lap belt only used				N				N			
		10 Parked				12 Other					5 Not applicable/ No airbag available				5 Child safety seat used				N				N			
		11 Slowing or stopped in traffic									6 Unknown				6 Child booster seat used				N				N			
		12 Other													7 DOT approved helmet used				N				N			
		13 Unknown													8 Costume helmet used				N				N			
															9 Restraint use unknown				N				N			

OFFICER NO. 1732	TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Mark Moore	INVESTIGATOR SIGNATURE Approved by Ofc Mark Moore	DATE OF REPORT 06/21/2015	